

ALSTON - WITH - GARRIGILL  
RURAL DISTRICT COUNCIL

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR 1951

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To the  
CHAIRMAN AND MEMBERS OF THE  
ALSTON - WITH - GARRIGILL  
RURAL DISTRICT COUNCIL

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report as Medical Officer of Health for your area for the year 1951. I wish to thank the Sanitary Inspector for much information and co-operation in the completion of this report.

Yours faithfully,

JOHN R. HASSAN.



# REPORT OF THE MEDICAL OFFICER OF HEALTH FOR ALSTON-WITH-GARRIGILL FOR THE YEAR 1951.

## SECTION A VITAL STATISTICS

### Statistics and Social Conditions of the Area.

Area	...	...	...	...	...	...	...	36,971 Acres
Population:								1951.
Registrar-General's Estimate of Resident Population, Mid-year	...	...	...	...	...	...	...	2,260
Number of Inhabited Houses according to Rate Book:								
Alston Ward	...	...	...	...	...	...	...	496
Nenthead Ward	...	...	...	...	...	...	...	216
Garrigill Ward	...	...	...	...	...	...	...	146
							Total	858
Ratable Value	...	...	...	...	...	...	...	£9,286
Sum represented by Penny Rate (less Exchequer Grants)	...	...	...	...	...	...	...	£34 11s. 10.706d.

## SOCIAL CONDITIONS.

The year 1951 may be considered satisfactory from the angles of prosperity and health. There is full employment, indeed information on the subject suggests a shortage of manpower. Wages conform to national scales in the various occupations and industries and the spectacle of poverty is nowhere seen. In this rural community it is unusual but true that the principal source of prosperity is industrial, steel casting, and coal and lead mining, precision engineering, the manufacture of chemical products and the production of agricultural lime. Herein is the major part of the local manpower absorbed, with as previously stated, the peak not yet reached.

Agriculture seems to be on an even keel in these days of guaranteed prices and subsidies with great advantage to such communities as ours.

There is one other source of income which does not receive due attention. We cannot hope to rival the modern health and holiday resorts, but we have a number of natural advantages and amenities which are not sufficiently known—pure hill air, pleasant scenery, quiet. What else is required by the holiday maker, comfortable quarters, wholesome food, and the occasional artificial entertainment such as a golf course? Is enough being made of their possibility? Are the man-made aspects of the pleasant holiday given the consideration they demand? Would not official and private efforts at further development be rewarded? The matter is worthy of more thought.

There has been a small increase in the birth rate and a small decrease in the death rate. Indeed, it is worth noting that the birth rate for the area exceeds the national birth rate for the first time in many years. It is still not completely satisfactory, however, and is interesting to look back to 1911, forty years ago, at one or two comparable figures.

	Population.	Number of Inhabited Houses.	Births.
1911	3,075	804	62
1951	2,260	858	38

The year 1911 is selected solely because it is forty years ago. The health of the district has been good. People can expect to live longer and to be able to work to a greater age. Babies are healthier, and school children bigger and heavier. There can be no doubt that on the whole much satisfaction can justifiably be felt as we are progressing towards the goal we all have in mind.

#### LIVE BIRTHS.

					1951		
					M.		F.
Legitimate	...	...	...	...	20	...	18
Illegitimate	...	...	...	...	1	...	—

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39

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#### STILL BIRTHS.

					M.		F.
Legitimate	...	...	...	...	—	...	—
Illegitimate	...	...	...	...	—	...	—

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ANNUAL BIRTH-RATE per 1,000  
estimated population:

For this Area	...	...	...	...	17.2
For Cumberland	...	...	...	...	17.1
For Rural Districts of Cumberland	...				17.1
For England and Wales	...	...	...		15.5

STILL BIRTH-RATE for the Area per 1,000

Total Births	...	...	...	...	...	39
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M. F.

DEATHS	...	...	...	...	...	19	...	22
						<hr/>		
						41		
						<hr/>		

RATES per 1,000 estimated population:

For this Area	...	...	...	...	18.2
For County of Cumberland	...	...			13.2
For Rural Areas of Cumberland	...				13.1
For England and Wales	...	...	...		12.5

Deaths from Puerperal Causes:

Puerperal Sepsis	...	...	...	...	—
Other Puerperal Diseases	...	...			—

M. F.

Deaths of Infants under 1 year	...	...			1	...	1
Rate for England and Wales	...	...	...		29.6		

M. F.

Deaths from Cancer (all ages)	...	...			3	...	2
						<hr/>	
						5	
						<hr/>	

Deaths from:

Measles (all ages)	...	...	...		—
Whooping Cough	...	...	...		—
Diarrhoea (under 2 years)	...	...			—

## SECTION B

## (i) Public Officers of the Authority.

Medical Officer of Health (Part-time):  
 JOHN R. HASSAN, M.B., Ch.B., D.R.C.O.G.  
 Market Place, Alston.  
 Daily, 9—10 a.m.; 6—7 p.m.

Sanitary Inspector:  
 R. W. THOMAS, A.R., San.I., M.S.I.A.,  
 Elmfield House, Alston.

## (ii) (a) Laboratory Facilities.

These are provided by the Pathological Laboratory of the Cumberland Infirmary, Carlisle. The full and expeditious services available are invaluable.

## (b) Hospital Transport and Ambulance Services.

The Sitting Case Car service is used for those who are medically unfit to travel by public transport. This occasions some dissatisfaction since it is used to be free for all, but no alteration in the present regulations seems likely. Full and valuable service is rendered by the ambulance which has supplied a much needed want.

## (c) Home Nursing.

There has been a considerable change here. This service has been worked by the nurses of the Alston Cottage Hospital, but since 1948 has been the responsibility of the Local Health Authority, the Cumberland County Council. At about the same time a directive from the Ministry of Health terminated the agency of the Alston Cottage Hospital, and the Nenthead District Nurse retired. The Cumberland County Council have provided two nurses and two cars. The Rural District Council allocated a Council House in Alston for the nurses. As before, the areas nursed are Alston, Garrigill, Kirkhaugh and Knaresdale

(in Northumberland) and Nenthead, where a daily nurses clinic is held, thus providing for the lack of a resident nurse.

**(d) Clinics and Treatment Centres.**

Are provided in the big Hospital Centres at Carlisle and Newcastle and at the Cottage Hospital.

**(e) Hospitals.**

A full range of specialist services are available at the hospitals in Carlisle and Newcastle. The Cottage Hospital has been extended and improved structurally and clinically. Consultants in four specialities now visit the Cottage Hospital, this is greatly valued by the community and full advantage is taken. A new addition at the Cottage Hospital is the Physiotherapy Department. This has obviated the necessity of frequent journeys to Carlisle for those requiring treatment. There were many who required physiotherapeutic attention, but who, because of the distances to be travelled, did without. It is fervently hoped that it will be possible to maintain this department.

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## SECTION C

## (1) WATER.

## (i) Alston.

Work was commenced in April on the construction of a new reservoir at Springfield, and although it was anticipated that the work would be completed in some 3 to 4 months, the reservoir was far from being completed at the year end. The capacity of this new reservoir will be equivalent to approximately 3 days' supply, viz. 150,000 gallons. Although this capacity is vastly larger than that of the existing reservoir (approximately 9,000 gallons), the water shortage at the Raise will not be eased, as this shortage is due, as was explained in last year's report, to the inadequate sizes of the town's water mains.

An improvement can most economically be obtained by laying a separate main to the Raise, which could also feed The Firs Housing Estate en route, from Springfield passing through the Parish Field at the rear of the Samuel King's School and through the Firs field and on to the main road, and it is hoped that in 1952 efforts will be made to carry this work out. It should be pointed out that provision for such a main is made in the Council's Comprehensive Water Scheme.

## (ii) Nenthead.

On Sunday, the 14th October, 1951, the Sanitary Inspector was informed that there was a grave shortage of water in Nenthead, and subsequent investigations revealed that the yield of Killhope Spring had decreased to 11,000 gallons per day from the normal 19,000 to 20,000 gallons per day. As a result of these findings, the long disused Hard Edge Water Supply was linked up with the existing mains, and since this was done, there has been an abundant supply of water in the village and increased water pressure.

Unfortunately, Hard Edge water is subject to surface contamination, and bacteriological samples of this water tend to give unsatisfactory results; therefore, the villagers have been warned to boil all water before using it for drinking purposes, until further notice.

Messrs. Lapworth Partners, the Council's Consultant Engineers, have been instructed to visit Nenthead and to prepare a scheme which will combine both water sources and to include a Chlorination Plant similar to that used at Alston.

### (iii) Garrigill.

Trouble is experienced here through the necessity of finely adjusting the balance of the inlet valve to the water storage tank, as several times during the year there have been complaints of shortage of water either in the village or at the farms situated on the Tyne Head road, which are served by a separate main direct from the source at Paper Hill. A satisfactory solution will only come with the advent of the new comprehensive water scheme.

## (2) SEWERS AND SEWERAGE DISPOSAL.

Generally speaking, satisfactory, although the land irrigation method of disposal at Garrigill is not considered ideal.

### (3) (i) CLOSET ACCOMMODATION.

Generally satisfactory in Alston and Garrigill, although several families in Alston have to share W.C.s with other families, but the properties concerned are for the most part in poor condition and so no action is contemplated at the present.

In Nenthead, as reported last year, several properties within reasonable distance of the Council's Sewer were still not connected, and accordingly the owners of the properties concerned were written to, and 11 out of 32 properties, where immediate conversion was possible, had W.C.s installed. All the other owners intimated that they

were agreeable to carry out the necessary work, and by the end of 1952 I hope to be able to report that all the remaining conversions will have been completed.

Number of Pail Closets	...	167
Number of Earth Closets	...	158
Number of Water Closets	...	542

## (ii) PUBLIC CONVENIENCES.

The existing public conveniences in the district are inadequate, Alston being the best served, but during the Summer months the present arrangements are next to useless.

Nenthead is served only with a men's urinal, the ladies being left to fend for themselves the best they can, and although the bus traffic and visitors to Nenthead do not compare with Alston numerically, I think that new conveniences for both sexes should be erected without delay.

Garrigill Village has no form of public convenience, and whilst I do not think the urgency is as great as in Alston and Nenthead, the Council would be well advised to erect a small convenience for both sexes in a central part of the village.

## (iii) PUBLIC CLEANSING.

On the 1st March, 1951, Refuse Collection in Nenthead Ward was undertaken by the Council's new Refuse Collection Vehicle. The previous few months the collection in this area was carried out by a motor lorry hired by the Council from Messrs. Hetherington & Renwick, Garrigill, the loading being carried out by the Council's workmen.

In Alston and Garrigill, collection was carried out by private contractors until 31st March, after which the whole district was served by the new Refuse Vehicle. This vehicle is operated by the Council's workmen, and is a very decided improvement, both from the points of economy and



hygiene, on the old system of employing contractors.

The advent of the new vehicle also brought about the discontinuance of use of the Alston Tip, which for many years has been an ideal breeding place for rats, and its close proximity to the town has in the past caused considerable nuisance to householders and shopkeepers alike. The tip, along with the tips at Garrigill and Nenthead are subject to Rodent Control at regular intervals, and the treatments are meeting with satisfactory results.

#### (iv) SANITARY INSPECTION OF THE AREA.

Number of Inspections ... ..	892
Nuisances Reported ... ..	47
Nuisances abated by Informal Notices ... ..	26
Informal Notices ... ..	47
Statutory Notices ... ..	Nil
Number of Houses Inspected ... ..	157
Number of Houses Disinfested ... ..	1
Houses Demolished ... ..	Nil
New Houses Erected (Local Authority) ... ..	8
New Houses Erected (Private) ... ..	1
Plans Submitted ... ..	19
Plans Approved ... ..	19
Number of New Sewer Connections ... ..	20
Number of New Water Connections ... ..	14

#### (v) SWIMMING BATHS AND POOLS.

There has been no progress with regard to improving the natural pools etc. for swimming. The Council's Surveyor has improved the approach to the pool in the River Tyne at the Firs. This might be some stimulus to improve the pool which is now used so much.

#### (4) SCHOOLS.

Plans exist for the improvement of Samuel King's and the Infant School at Alston. With regard to the latter, it

is regretted that the antiquated trough closets are still in existence.. The hand of the Education Authority is being held at the moment by the Ministry of Education in the case of the Infant School. It appears that fundamental future policy of the Infant School is not yet determined.

Plans also exist for the improvement of the playground and for a safer access to the Alston High School.

The canteen meal service is now provided at Nenthead.

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## SECTION D

## HOUSING.

Good progress is continuing to be made in the provision of new houses, and plans are well in hand for the completion of the Firs Estate, Alston. Eight new houses have been commenced at Hilersden Terrace, Nenthead. Now the question at Alston is "Where do we go from here?" When the Firs Estate has been completed, the Council will be faced with the problem of where next can they provide new houses, the need for which shows no sign of diminishing, although the time is approaching when the standard three-bedroom house will not be in such demand. The danger of under-tenanting is very real and this will be accompanied by impossible rents. A venture into the building of a dozen single bedroom houses should be undertaken. While these small houses are not required solely by the elderly, the advantages to the elderly are great. In this connection it must be recognised that people are not only living longer but, further, are more inclined to prefer their own homes because of increased pensions and better health. The present tendency is for old people to find their own way to the cheapest houses, and therefore the most dilapidated and inconvenient. It is the duty of the Council to see that this tendency is curtailed and ultimately eradicated.

It is suggested that Alston should be developed within its present "urban" boundaries, and that tendencies towards decentralization should be discouraged lest the New Alston develop into a long straggling little town with its shopping centre far removed from the homes of the people.

A large number of the older houses in Alston are in poor state of repair and insanitary in condition, and these conditions will prevail unless the Council takes very bold, but long overdue, steps to redevelop the Central Areas of the town.

Mention has been made of utilising the land known as the Mustard Field as a housing site. This site lies behind two of the worst congested and insanitary areas in the town, namely, Kates Lane and Grisedales Lane, both of which areas could, if cleared, be fairly easily redeveloped as housing sites as all services are already available.

## POST-WAR HOUSING.

Houses completed up to the end of 1950:

Alston	...	...	...	...	40
Nenthead	...	...	...	...	8
Garrigill	...	...	...	...	4
					—
				Total	52
					—

Houses completed during 1951:

Alston	...	...	...	...	2 (Council)
					1 (Private)
Nenthead	...	...	...	...	—
Garrigill	...	...	...	...	4
Leadgate	...	...	...	...	2
					—
				Total	8 (Council)
					1 (Private)
					—

Houses under construction:

Alston	...	...	...	...	2
Nenthead	...	...	...	...	8
Garrigill	...	...	...	...	—
					—
				Total	10
					—

TOTAL:

Alston	...	...	...	...	44
Nenthead	...	...	...	...	16
Garrigill	...	...	...	...	8
Leadgate	...	...	...	...	2
					—
				Total	70
					—

Houses planned:

Alston	...	...	...	...	16
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## SECTION E

## INSPECTION AND SUPERVISION OF FOOD.

## Meats.

The butchers are keeping up a good standard of cleanliness in their premises, but the old question of the transport of the meat from the Ministry of Food Slaughterhouse and Depot is still open to criticism. As a result of the last report, the Ministry informed the Council that they were arranging with the contractor for the meat to be delivered to the Alston shops in a proper container, but still the meat is being delivered in a lorry covered with a tarpaulin sheet.

## Catering Establishments.

These are generally speaking run on satisfactory lines, and, with regard to the conveniences attached to the hotels and public houses, I can report that improvements will be seen during the next year.

## Ice Cream.

For the most part the local shops registered sell Ice Cream manufactured by reputable firms, and there is no room for complaint. One establishment is registered for the sale and manufacture of Ice Cream, and the Ice Cream (Heat Treatment) Regulations are strictly adhered to.

## FOODS VOLUNTARILY SURRENDERED DURING 1951.

## Meats.

5 × 7 lbs. Tins Boneless Cooked Leg Ham.

## Fruit and Vegetables.

1 × 5 Kilo. Tin Apricot Pulp.

## Ice Cream.

18 dozen Brickettes Vanilla Ice Cream.

4 dozen Brickettes Strawberry and Vanilla Ice Cream.

In addition 97 lbs. 5 ozs. hindquarter of Beef was returned to the Ministry of Food Slaughterhouse as unfit for human consumption.

## SECTION F

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS AND OTHER DISEASES.

As can be seen from the accompanying table there were no numerous or widespread epidemics of the notifiable diseases. The twelve cases of pneumonia were of the influenzal variety and in each case severe.

There is a growing laxity in seeking protection against diphtheria in infancy. It is only due to thoughtlessness, however. The age prescribed for the first inoculation is about eight months, but it is not uncommon for this to be delayed until the age of two or more. This is to be deplored. Diphtheria is a vanishing disease only because protection is given in early infancy. In the case of inoculation of school children, the response is 100 per cent., and there is no reason why it should not be so in the case of infants, and at the right age.

## NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) FOR THE YEAR 1951.

DISEASE.	N.	H.	D.
Typhoid ... ..	—	—	—
Paratyphoid ... ..	—	—	—
Scarlet Fever ... ..	4	—	—
Whooping Cough ... ..	10	—	—
Diphtheria ... ..	—	—	—
Erysipelas ... ..	—	—	—
Smallpox ... ..	—	—	—
Measles ... ..	9	—	—
Pneumonia ... ..	12	—	1
Puerper. Pyrexia ... ..	—	—	—
Dysentery ... ..	—	—	—
Ac. Poliomyelitis ... ..	—	—	—
Chickenpox ... ..	1	—	—
Cerebro Spinal Meningitis ... ..	1	1	—

N—Notified.

H—Treated in Hospital.

D—Died.

## TUBERCULOSIS.

## NEW CASES AND MORTALITY, 1951.

				NEW CASES				DEATHS			
Age Periods.				Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...								
1	...	...	...								
5	...	...	...		2						
10	...	...	...								
20	...	...	...								
25	...	...	...								
35	...	...	...	1	2						
45	...	...	...								
55	...	...	...		1		1	1			
65	and upwards							1			
				1	5		1	2			

CAUSES OF DEATH.				1951	
				M.	F.
1.	Tuberculosis, Respiratory	...	...	1	—
2.	Tuberculosis, other forms	...	...	—	—
3.	Syphilitic Disease	...	...	—	—
4.	Diphtheria	...	...	—	—
5.	Whooping Cough	...	...	—	—
6.	Meningococcal Infections	...	...	—	—
7.	Acute Poliomyelitis	...	...	—	—
8.	Measles	...	...	—	—
9.	Other Infective and Parasitic Diseases	...	...	—	—
10.	Malignant Neoplasm Stomach	...	...	—	1
11.	Malignant Neoplasm Lung Bronchus	...	...	—	—
12.	Malignant Neoplasm Breast	...	...	—	1
13.	Malignant Neoplasm Uterus	...	...	—	—
14.	Other Malignant and Lymphatic Neoplasms	...	...	3	—
15.	Leukemia, aleukemia	...	...	—	—
16.	Diabetes	...	...	—	—
17.	Vascular lesions of nervous system	...	...	4	5
18.	Coronary Disease	...	...	4	2
19.	Hypertension with Heart Disease	...	...	—	—
20.	Other Heart Disease	...	...	—	3
21.	Other Circulatory Disease	...	...	—	3
22.	Influenza	...	...	—	4
23.	Pneumonia	...	...	3	—
24.	Bronchitis	...	...	2	—
25.	Other Disease of Respiratory System	...	...	—	—
26.	Ulcer Stomach and Duodenum	...	...	—	—
27.	Gastritis, Enteritis and Diarrhoea	...	...	—	1
28.	Nephritis and Nephrosis	...	...	1	—
29.	Hyperplasia of Prostate	...	...	—	—
30.	Pregnancy, Childbirth and Abortion	...	...	—	—
31.	Congenital Malformations	...	...	—	1
32.	Other defined and ill-defined diseases	...	...	1	—
33.	Motor Vehicle Accidents	...	...	—	—
34.	All other Accidents	...	...	—	1
35.	Suicide	...	...	—	—
36.	Homicide and War Operations	...	...	—	—
				19	22





